



“Committed to excellence for the glory of God”

APPLICATION

A non-refundable application fee of \$75 must accompany each application.

CHILD	Date _____ Phone () _____
	Full Name _____ <small>LAST FIRST MIDDLE NICKNAME</small>
	Address _____ <small>STREET CITY STATE ZIP CODE</small>
	Birth Date _____ Age _____ Birthplace _____
	Religion _____ Place Of Worship _____
MOTHER	Full Name _____ Phone () _____ <small>LAST FIRST MIDDLE</small>
	Address _____ <small>STREET CITY STATE ZIP CODE</small>
	Place Of Employment _____ Title _____
	Address _____ Phone () _____
	Email _____ Cell Phone () _____
FATHER	Full Name _____ Phone () _____ <small>LAST FIRST MIDDLE</small>
	Address _____ <small>STREET CITY STATE ZIP CODE</small>
	Place Of Employment _____ Title _____
	Address _____ Phone () _____
	Email _____ Cell Phone () _____
STEP PARENT/GUARDIAN	Full Name _____ Phone () _____ <small>LAST FIRST MIDDLE</small>
	Address _____ <small>STREET CITY STATE ZIP CODE</small>
	Place Of Employment _____ Title _____
	Address _____ Phone () _____
	Email _____ Cell Phone () _____

THE IMANI SCHOOL For Infants & Toddlers

FAMILY INFORMATION

PARENTS

Applicant is living with: () Parents () Father () Mother

Other (please specify) _____

If applicant's parents are divorced, which parent has legal responsibility for:

School Related Decisions _____ School Bills _____

Custody of the Student _____ Receiving School Communications _____

What was your primary reason for selecting **The Imani School For Infants & Toddlers**?

SIBLINGS

Name

Age

Grade

School

Name	Age	Grade	School

Does the child have relatives who attend or have attended **The Imani School** or **The Imani School For Infants & Toddlers**? ____ Yes ____ No If yes, please give names, relationships, and years attended:

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MEDICAL HISTORY

Please describe any illnesses, diseases, physical abilities or special conditions, which either have affected or may affect your child's general health. (Example: Health, Hearing, Eyesight, Attention Deficit, Memory, Learning Difficulties, Allergies, Motor Difficulties, etc.)

Have any behavioral, psychological or educational evaluations of your child been done? ____ Yes ____ No

If yes, why, when, and by whom?

(We may request from you a copy of the report.)

If applicable, what type of formula is the child on?

Describe any special dietary concerns: _____

Please Note: Under state law, the parent or guardian must provide **The Imani School For Infants & Toddlers** with a Physician's Report form no later than one week after the first day of attendance.

EMERGENCY CONTACTS

Additional persons who may be called in an emergency and who are authorized to take the child from the school. It is important that they are available during the school hours.

(a) Name _____ Relationship _____

Address _____ Phone _____ Work # _____ Cell # _____

(b) Name _____ Relationship _____

Address _____ Phone _____ Work # _____ Cell # _____

(c) Name _____ Relationship _____

Address _____ Phone _____ Work # _____ Cell # _____

HOURS

Number of days per week your child will attend _____

I will bring my child to school at about _____ a.m. I will pick up my child at about _____ p.m.

Date attendance will begin _____

THE IMANI SCHOOL For Infants & Toddlers

DESCRIPTION OF CHILD

Please describe your child as objectively as possible in the space below. Include information that will help us provide the best possible care for your child.

I understand that there will be no refund of the application fee. You will find my attached check made payable to The Imani School For Infants & Toddlers for the application fee of \$75.00.

Signature(s) _____



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PLEASE ADDRESS CORRESPONDENCE TO:

Director of Admissions
The Imani School
12401 South Post Oak Road
Houston, Texas 77045

(713) 723-0616 Office
(713) 723-6143 Fax
www.imanischool.org

FOR OFFICE USE ONLY

Date Registration Packet Received _____

Date Application Fee Received _____

Date Child Enrolled _____

Date Child Withdrew _____

Entry Date _____

Accepted () Yes () No

Comments _____

Homeroom _____

NOTICE OF NON-DISCRIMINATION POLICY:

THE IMANI SCHOOL FOR INFANTS & TODDLERS DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IN ADMISSION OF STUDENTS OR IN THE ADMINISTRATION OF ITS PROGRAMS.

